

Case Number:	CM15-0119840		
Date Assigned:	06/30/2015	Date of Injury:	11/06/2013
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old female, who sustained an industrial injury on 11/06/2013. She has reported injury to the head, left shoulder, and bilateral knees. The diagnoses have included cervicothoracic strain/arthrosis; left shoulder status post manipulation under anesthesia with arthroscopic labral debridement, chondroplasty of the glenoid, subacromial decompression, and completion of rotator cuff tear with subsequent repair, adhesive capsulitis; bilateral knee patellofemoral syndrome/mild arthrosis; and migraine headaches. Treatment to date has included medications, diagnostics, injections, aqua therapy, physical therapy, home exercise program, and surgical intervention. Medications have included Tylenol #3, Naprosyn, Imitrex, and Prilosec. A progress note from the treating physician, dated 05/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in her right knee and left shoulder; she is scheduled to get an MRI of her right knee on 05/20/2015; and she is scheduled to start physical therapy for her left shoulder adhesive capsulitis later today. Objective findings included decreased ranges of motion to the left shoulder; she continues with supraspinatus weakness; and not much has changed since the previous examination. The treatment plan has included the request for APAP (acetaminophen)/ Codeine (c) 300/30 mg, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

APAP (acetaminophen)/ Codeine (c) 300/30 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: APAP/Codeine is acetaminophen and codeine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has not documented any objective improvement in pain or function on current opioid therapy. Provider has not documented any monitoring or screening for abuse or side effects. APAP/Codeine is not medically necessary.